



IFW RCE \$1615

PTO/SB/30 (09-03)

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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/005,054
	Filing Date	December 3, 2001
	First Named Inventor	Andreas Werner Speitling
	Art Unit	1615
	Examiner Name	M. P. Young
	Attorney Docket No.	TRAUMA 3.0-349

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 12-1095

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Raymond W. Augustin	Registration No. (Attorney/Agent)	28,588
Signature		Date	June 9, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 9, 2004

Signature:

(Raymond W. Augustin)



Docket No.: TRAUMA 3.0-349

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:	::
Andreas Werner Speitling	: Group Art Unit: 1615
	:
Application No.: 10/005,054	::: Confirmation No.: 9208
	:
Filed: December 3, 2001	::: Examiner: M. P. Young
	:
For: DEVICE FOR USE WITH THERAPEUTIC	:
OR SURGICAL INSTRUMENTS,	:
IMPLANTS AND EQUIPMENT THEREFOR	:

AMENDMENT

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the official action mailed March 9, 2004, applicant submits the following amendments and remarks.

495479_1.DOC

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Dated: June 9, 2004

Signature:

(Raymond W. Augustin)